01-08-02



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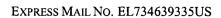
Approved for use through 09/30/2000. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket No	9.	18602-06614						
Address to:	First Named Inven	tor	Eric C. Anderson						
Box Reissue	Original Patent Nu	ımber	6,011,585						
Commissioner For Patents Washington, DC 20231	Original Patent Iss (Month/Day/)		01/04/2000						
	Express Mail Labe	l No.	EL734639335US						
APPLICATION FOR REISSUE O	F:				<b>1</b>				
(check applicable box)		Utility Paten	t Desig	gn Patent	Plant Pate	ent			
APPLICATION ELEMEN	TS	ACCOMPANYING APPLICATION PARTS							
1. *Fee Transmittal Form ((PTO/SB/56) (Submit an original, and a duplicate for fe	7. Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).								
2. Specification and Claims (amended, if	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
3. Drawing(s) (proposed amendments, if app	9. English Translation of Reissue Oath/Declaration (if applicable)								
4. Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired								
5. Original U.S. Patent		(,	(PTO/SB/09-12)						
Original U.S. Patent for Surrender	<ul> <li>11. Preliminary Amendment and Statement of status/ support for all changes to the claims. See 37 CFR 1.173(c).</li> <li>12. Return Receipt Postcard (MPEP 503)</li> </ul>								
Ribboned Original Patent Grant									
Statement of Loss (PTO/SB/55)									
6. Original U.S. Patent currently assigned?	(Should be specifically itemized)								
∑ Yes ☐ No		13. Other:							
(If Yes, check applicable box(es))									
Written Consent of all Assignees (PTC	VSB/53)	* <u>NO</u>	TE FOR ITEMS 1 & 10: I	N ORDER TO BE ENT	TITLED TO				
37 C.F.R. § 3.73(b) Statement Pov	ver of Attorney	PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A							
		PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).							
14.	CORRESPONI	DENCE A	DDRESS						
Customer Number or Bar Code Label or Correspondence address below									
00758									
Name (Print/Type) Kirk A. Gottlieb	0	Re	gistration No. (Attor	rney/Agent)	42,596				
Signature Tala.	Car	9	Date	January 1	, 200	)2			



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Claims as Filed - Part 1

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional) 18602-06614

	ims in		Number Filed in			(3)			Small Entity		Other than a Small Entity			Small Entity	
	<del></del>		e Applicatio				Rate	Fee			Rate	Fee			
(A) (C)	35	(37 (	tal Claims CFR 1.16(j)) ndependent	(B) (D)	46	***	9	=	x \$	=		or	,	(\$ <u>18.00</u> =	162.00
, ( )	6	Claims	(37 CFR 1.16(i))	(-)	11		5	=	x \$	=			,	\$ <u>84.00</u> =	420.00
Basic Fee (37 CFR 1.16(h))									\$				\$ <u>740.00</u>		
Total Filing Fee									e	\$	OR			\$ <u>1,322.00</u>	
Claims as Amended - Part 2															
(1) (2) (3)															
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ŀ	After Ame		dment	ient		Previously Paid For			Claims	Rate	Fee		Rate	Fee	
To	tal Clair	ms	***			**	id For	-+		Present				-	
			· 46		MINUS	:	35	=	* =	9	x \$		or	x \$ <u>18.00</u> =	162.00
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****	響* After any cancellation of claims  ***** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).														
****	If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).  Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).										*				
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1 7.	The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No														
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January 4, 2002															
Date	Date Signature of Applicant, Attorney or Agent of Record														
	Kirk A. Gottlieb, Reg. No. 42,596														
	Typed or printed name														

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